Robert J. Bach, Esq. 60 East 42nd Street 40th Floor New York, NY 10165 212-867-4455 212-687-2123 (Fax) rjbachesq@hotmail.com Attorney for Plaintiff.

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

MARIE TAMARA THOMAS

PLAINTIFF

Index No.: 11 Cv 1490 (LLS)

against

ECF CASE

THE HARTFORD LIFE INSURANCE COMPANY OF AMERICA AND THE GROUP LONG TERM DISABILITY PLAN FOR THE EMPLOYEES OF JPMORGAN CHASE BANK

DEFENDANTS
 X

DEEELIDALITO

SUPPLEMENTAL AFFIRMATION OF ROBERT BACH IN OPPOSITION TO DEFENDANTS' MOTION FOR SUMMARY JUDGMENT

- I, Robert Bach, under penalty of perjury, make the following affirmation based on my personal knowledge in opposition to Defendants' Motion for Summary Judgment.
- I am the attorney for the Plaintiff Marie Tamara Thomas and make this affirmation in support of Plaintiff's Motion for Summary Judgment and for the purpose of introducing the following documents in support of the Motion.
- This is a case pursuant to the Employee Retirement Income Security Act of 1974,
 as amended, to obtain a Long Term Disability Benefit from the Hartford Life

Insurance Company Of America, ("Hartford") and the Group Long Term Disability
Plan for Employees of JPMmorgan Chase Bank. ("Plan").

3. In Support of her Opposition to Defendants' Motion for Summary Judgment,
Plaintiff submits the following documents:

Exhibit 3 2009 Annual Report of Employee Benefit Plan, Form 5500, Schedule A, question 10a) filed by the Plan.

Exhibit 4 Annual Report of Employee Benefit Plan, 2010 Form 5500, Schedule A, question 10a) filed by the Plan.

May 29 2012

New York, NY

Robert J. Bach, Esq.

60 East 42nd Street, 40th Floor

New York, NY 10165

212-867-4455

212-687-2123(Fax)

rjbachesq@hotmail.com



Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2009

This Form is Open to

Public Inspection

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with

		the ir	nstru	ctions to the Form 55	00.			
Part I - Annual Report Ide								
For calendar plan year 2009	or fiscal plan yea	r beginning Ja	nuar	y 01, 2009 , and endir	g De	cember 31, 2009		
A This return/report is for:	a multiemploy a single-empl			a multiple-employer pla a DFE (specify)	in;			
B This return/report is:	the first return	•		the final return/report; a short plan year returr	n/repo	rt (less than 12 month	s).	
C If the plan is a collectively-	bargained plan, che	eck here 🔲						
D Check box if filling under:	Form 5558;			automatic extension;		the DFVC program;		
	☐ special exten	sion (enter des	criptio	on)				
	ation - enter all re	quested inform	ation.					
1a Name of plan					1b	Three-digit	50)2
THE JPMORGAN CHASE EMPLOYEES	HEALTH & INCOM	ME PROTECTION	ON P	LAN FOR ACTIVE	: 1c :	plan number (PN) Effective date of pla April 01, 1955	n	
2a Plan sponsor's name and (Address should include ro		, if for a single-e	emplo	yer plan)	2b	Employer Identification	on Number (I	EIN)
JPMORGAN CHASE BAN	IK. NATIONAL ASS	SOCIATION			2c	Sponsor's telephone 212-552-8146	number	
ONE CHASE MANHATTA 20TH FLOOR MAIL CODI NEW YORK NY 10005-14	N PLAZA E NY1-A341				. 2d	Business code (see ii 523110	nstructions)	
Under penalties of perjury and accompanying schedules, sta knowledge and belief, it is true	tements and attach	ments, as well						
		10/15/2010		BERNAD	ETTE	J. ULISSI		
Signature of plan a	dministrator	Date	1	Enter name of individua	al sign	ing as plan administra	ator	
Signature of employe	r/plan sponsor	Date	Ente	er name of individual si	gning	as employer or plan s	ponsor	
Signature of	DFE	Date		Enter name of ir	ıdividu	ual signing as DFE		
For Paperwork Reduction A		B Control Nun	nbers				Form 5500	(2009) v11.3
Form 5500. 3a Plan administrator's name	and address (if sa	me as plan spo	nsor,	enter"Same")	3b	Administrator's EIN 37-1589439		¥11.3
BENEFITS DIRECTOR O ONE CHASE MANHATTA NEW YORK NY 10005-14	N PLAZA, 20TH F		ETTE	J. ULISSI	. 3c	Administrator's telep 212-552		er
		EXH	IBI	г 3		-		

a Sponsor's name 5 Total number of participants at the beginning of the plan year 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d) a Active participants B Retired or separated participants receiving benefits C Subtotal. Add lines 6a, 6b, and 6c B Subtotal. Add lines 6a, 6b, and 6c Deceased participants whose beneficiaries are receiving or are entitled to receive benefits T Total. Add lines 6d and 6e B Number of participants with account balances as of the end of the plan year (only defined of participants with account balances as of the end of the plan year with accrued the benefits that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants that terminated employment during the plan year with accrued to participants plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 4	4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:		4b EIN	
5 Total number of participants at the beginning of the plan year 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d) a Active participants b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a, 6b, and 6e d Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 7 O 8 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4G 4H 4L 4Q 9 Plan funding arrangement (check all that apply) 1) S Plan benefit arrangement (check all that apply) 1) Plan benefit arrangement (check all that apply) 1) Plan surrance 2) Section 412(e)(3) insurance contracts 3) Trust 4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the numb (See instructions) b General Schedules 1) Retirement Plan Information) the plan actuary 4) General and cutary the plan actuary 10 (Retirement Plan Information) the plan actuary 4) C Service Provider Information) the plan actuary 4) C Service Provider Information) the plan actuary 6 D (DFE/Farticipating Plan Information) 4) C Service Provider Information) 5) D (DFE/Farticipating Plan Information)				4c PN	
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SCHEDULE A Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

For the calendar plan year 2009 or fiscal plan year beginning January 01, 2009, and ending December 31, 2009 A Name of plan **B** Three-digit plan number (PN)

THE JPMORGAN CHASE HEALTH & INCOME PROTECTION PLAN FOR ACTIVE **EMPLOYEE**

C Plan sponsor's name as shown on line 2a of Form 5500

JPMORGAN CHASE BANK NATIONAL ASSOCIATION

D Employer Identification Number (EIN) 13-4994650

Official Use Only

OMB No. 1210 - 0110

2009

This Form is Open to

Public Inspection

502

- Information Concerning Insurance Contract Coverage, Fees, and Commissions. Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information
- (a) Name of insurance carrier

HARTFORD LIFE AND ACCIDENT

(e) Aproximate number of Policy or contract year (d) Contract or (b) EIN (c) NAIC code persons covered at end of identification number (f) From (g) To policy or contract year 06-0838648 70815 106691 675174G 01/01/2009 12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid

- (b) Total amount of fees paid
- 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker or other person to whom commissions or fees were paid
 - (b) Amount of sales and base commissions paid

Fees and other commissions paid (c) Amount

(d) Purpose

(e) Organization code

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2009 v11.3

Investment and Annuity Contract Information

Part II . Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end 5 Current value of plan's interest under this contract in separate accounts at year end

5

6 Contracts With Allocated Funds

a State the basis of premium rates b Premiums paid to carrier

6b

c Premiums due but unpaid at the end of the year

6c

d If the carrier, service, or other organization incurred any specific costs in connection with the acquision or retention of the contract or policy, enter amount

Rd

	Specify nature of costs				
е		(2) group deferred annu	uity (3) other (specify)		
f	If contract purchased, in whole or in part, to	distribute benefits from a t	terminating plan check here		
7	Contracts With Unallocated Funds (Do not inc	clude portions of these cor	ntracts maintained in separate a	ccounts)	
a	Type of contract (1) deposit administratio		cipation guarantee		
_	(3) guaranteed investme Balance at the end of the previous year	ent (4)Liother			~ t
	Additions: (1) Contributions deposited during	ng the year		7c(1)	7b
_	(2) Dividends and credits	.g ,		7c(2)	
	(3) Interest credited during the year			7c(3)	
	(4) Transferred from separate account (5) Other (specify below)			7c(4)	
	(0) Other (specify below)			7c(5)	
	(6) Total additions				7c(6)
	Total of balance and additions (add b and c	: (6))			7d
е	 Deductions: (1) Disbursed from fund to pay benefits or permission. 	urchase annuities during v	ear	7e(1)	
	(2) Administration charge made by carrier	,		7e(2)	
	(3) Transferred to separate account			7e(3)	
	(4) Other (specify below)			7e(4)	
	(5) Total deductions				7e(5)
f	Balance at the end of the current year (subt	ract e(5) from d)			7 f
	Welfare Benefit Contract Informat				
Pi	If more than one contract covers the art III same employee organization(s), the	same group of employee information may be comb	s of the same employer(s) or mo ined for reporting purposes if su	embers of t uch contract	ne ts are
	experience-rated as a unit. Where cont	racts cover individual emp	loyees, the entire group of such		
8	contracts with each carrier may be trea Benefit and contract type (check all applicable		of this report.		
•		b Dental	c 🗆 Vision	dГ	Life insurance
	☐ Temporary disability	f X Long-term disability		_	Prescription drug
	(accident and sickness)	- ·	• •		
	i ☐ Stop loss (large deductible) m ☐ Other (specify)	j HMO contract	k ☐ PPO contract	IL	Indemnity contract
	in Li Other (specify)		,		
	Experience related contracts				
a	Premiums: (1) Amount received	id		9a(1)	
	(2) Increase (decrease) in amount due but u(3) Increase (decrease) in unearned premiur	•		9a(2) 9a(3)	
	(4) Earned ((1)+(2)-(3))			(-)	9a(4)
b	Benefit charges: (1) Claims paid			9b(1)	
	(2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2))			9b(2)	9b(3)
	(4) Claims charged				9b(4)
¢	Remainder of premium: (1) Retention charg	jes (on an accrual basis) -	•		
	(A) Commissions			9c(1) (A)	
	(B) Administrative service or other fees			9c(1)	
	(b) Administrative service of other rees			(B)	
	(C) Other specific acquisition costs			9c(1) (C)	
	(D) Other expenses			9c(1)	
	(b) Other expenses			(D)	
	(E) Taxes			9c(1) (E)	
	(F) Charges for risks or other contingencie	es		9c(1)(F)	
	(G) Other retention charges			9c(1)	
	(II) Takal Bakankian			(G)	9c(1)
	(H) Total Retention	punda			(H) [*]
	(2) Dividends or retroactive rate refunds. (The				9c(2)
d	Status of policyholder reserves at end of ye (2) Claim reserves	rai. (1) Armount neid to pro	wide benefits after retirement		9d(1) 9d(2)
	(3) Other reserves				9d(3)
	Dividends or retroactive rate refunds due. (Nonexperience-rated contracts	Do not include amount ent	tered in c(2).)		9e

a Total premiums or subscription charges paid to carrier

10a \$25,272,127

b If the carrier, service, or other organization incurred any specific costs in connection with the

10b

retention of the contract or policy, other than reported in Part I, item 2 above, report amount Specify nature of costs below:

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

12 If the answer to line 11 is "Yes," specify the information not provided.



Form 5500

Department of the Treasury Internal Revenue Service Department of Labor **Employee Benefits Security** Administration

Pension Benefit Guaranty Corporation

Form 5500.

Part I Annual Report Identification Information

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210 - 0110 1210 - 0089

2010

This Form is Open to Public Inspection

-	Comp	lete	all	entrie	s iı	ı ac	corda	nce	with
	the	ine	truc	tions	to	the	Form	550	Ω.

For calendar plan year 2010	or fiscal plan year b	eginning Ja	nuary 01, 2010 , and endi	ng December 31, 2010	
A This return/report is for:	a multiemployer a single-employ	•	a multiple-employer pl. a DFE (specify)	an;	
B This return/report is:	the first return/re an amended ret	um/report;	the final return/report; a short plan year retur	n/report (less than 12 mont	hs).
C If the plan is a collectively-	bargained plan, check	here 🗀	_	_	
D Check box if filling under:	Form 5558;		☐ automatic extension;	☐ the DFVC program	ï
	☐ special extension	n (enter des	cription)		
Part II Basic Plan Inform	nation - enter all requ	ested informa	ation.		
1a Name of plan				1b Three-digit	502
THE JPMORGAN CHASE EMPLOYEES	HEALTH & INCOME	PROTECTION	ON PLAN FOR ACTIVE	plan number (PN) 1c Effective date of pl April 01, 1955	
2a Plan sponsor's name and (Address should include ro		for a single-c	employer plan)	2b Employer Identificati 13-4994650	on Number (EIN)
JPMORGAN CHASE BAN		CIATION		2c Sponsor's telephone 212-552-8146	number
ONE CHASE MANHATTA 20TH FLOOR MAIL CODI NEW YORK NY 10005-14	E NY1-A341			2d Business code (see 523110	instructions)
Caution: A penalty for the late Under penalties of perjury and accompanying schedules, staknowledge and belief, it is true	d other penalties set for itements and attachme	orth in the ins ents, as well ete.	structions, I declare that I ha as the electronic version of	ve examined this return/repthis return/report, and to the	ort, including
		10/17/2011	BERNAI	DETTE J. ULISSI	
Signature of plan a	dministrator	Date	Enter name of individu	al signing as plan administr	ator
Signature of employe	r/plan sponsor	Date	Enter name of individual s	igning as employer or plan	sponsor
Signature of	DFE	Date	Enter name of i	ndividual signing as DFE	
For Paperwork Reduction A	Act Notice and OMB	Control Num	nbers, see the instructions	s for	Form 5500 (2010) v.092308.1

3а	Plan administrator's name and address (if same as plan sponsor, enter "Same")	3b	Administrator's EIN 37-1589439			
	BENEFITS DIRECTOR OF JPMORGAN CHASE BERNADETTE J. ULISSI ONE CHASE MANHATTAN PLAZA, 20TH FLR MAIL CODE - NY1-A341 NEW YORK NY 10005-1401	3c Administrator's telephone nu 212-552-3372				
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:		4b EIN			
	a Sponsor's name		4c PN			
	Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines	5	5 - 155	5653		
_	6a, 6b, 6c, and 6d)	-	460	1476		
	Active participants Retired or separated participants receiving benefits	6a 6b		2475 135		
	Other retired or separated participants entitled to future benefits	60	-	700		
	Subtotal. Add lines 6a, 6b, and 6c	60		7910		
e	Deceased participants whose beneficiaries are receiving or are entitled to receive	6e	Ð			
f	benefits Total, Add lines 6d and 6e	6f	F			
	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g				
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	1			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		0		
8a	If the plan provides <u>pension benefits</u> , enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:					
b	If the plan provides $\underline{\text{welfare benefits}}$, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:					
	4A 4B 4D 4E 4G 4H 4L 4Q					
9a	Plan funding arrangement (check all that apply) 9b Plan benefit arrangement	ment	t (check all that apply))		
	(1) Insurance (1) Insurance					
	(2) ☐ Section 412(e)(3) insurance contracts (2) ☐ Section 412(e) (3) 🛣 Trust (3) 🛣 Trust	(3)	insurance contracts			
	(4) General assets of the sponsor (4) General asset	te of	f the enoneor			
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, v			number attached		
(Se	ee instructions)		•			
а	Pension Schedules (1) R (Retirement Plan Information) (2) K H (Financial Plan Information)	al In	formation)			
	(2) MB (Multiemployer Defined Benefit Plan and Certain (2) 1 (Financi	al In	iformation - Small Pla	n)		
	Money Purchase Plan Actuarial Information)- signed by (3) 29 A (Insuran	ce Ir	nformation)	•		
	the plan actuary (4) 🛣 C (Service	Pro	ovider Information)			
	and the state of t		pating Plan Information	•		



SCHEDULE A Form 5500

Department of the Treasury

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA)

OMB No. 1210 - 0110

2010

File as an attachment to Form 5500.

This Form is Open to Public Inspection

Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

For the calendar plan year 2010 or fiscal plan year beginning January 01, 2010, and ending December 31, 2010

A Name of plan

B Three-digit

B Three-digit plan number (PN)

THE JPMORGAN CHASE HEALTH & INCOME PROTECTION PLAN FOR ACTIVE EMPLOYEE

502

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number (EIN) 13-4994650

JPMORGAN CHASE BANK NATIONAL ASSOCIATION

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions. Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

- 1 Coverage Information
- (a) Name of insurance carrier

HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code (d) Contract or		(e) Aproximate number of persons covered at end of	Policy or contract year		
(b) Liv	(c) Wale code	identification number	policy or contract year	(f) From	(g) To	
06-0838648	70815	675174G	96432	01/01/2010	12/31/2010	

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid

(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid

Fees and other commissions paid (c) Amount (d) Purpose

(e) Organization code

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2010 v.092308.1

Investment and Annuity Contract Information

Part II · Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end

4 5

5 Current value of plan's interest under this contract in separate accounts at year end

6 Contracts With Allocated Funds

a State the basis of premium ratesb Premiums paid to carrier

6b

	(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	9d(3) 9e	
	Nonexperience-rated contracts Total premiums or subscription charges paid to carrier	10a	\$27,254,800
	If the carrier, service, or other organization incurred any specific costs in connection with the quisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount Specify nature of costs below:	10b	
Pa	art IV · Provision of Information		
11	Did the insurance company fail to provide any information necessary to complete Schedule A?		Yes 🔀
12	If the answer to line 11 is "Yes," specify the information not provided.		No